

MO9000002426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/19/15--01013--002 **25.00

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15 JUN 19 AM 9:56:15 JUN 19 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2015

CLERK

Wolters Kluwer

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

DORAL F2 PHASE, LLC

M09000002476

(Please File 4th**)**

4 of 6

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
<input checked="" type="checkbox"/> Withdrawal	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
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6/18/2015

ST

Order#:
9594461

Ref#: _____

Amount: \$ _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doral F2 Phase LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tara Nyack
(Name of Person)

Stroock & Stroock & Lavan LLP
(Firm/Company)

180 Maiden Lane
(Address)

New York, NY 10038
(City/State and Zip Code)

For further information concerning this matter, please call:

Donah Simmons at (212) 806-6527
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee &
Certificate of Status ☐ \$55 Filing Fee &
Certified Copy ☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

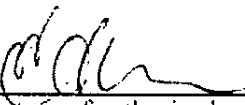
Doral F2 Phase LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

June 26, 2009
(Date registered with Florida Department of State)

M09000002476
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.


(Signature of authorized representative)

Ethel Gavrilova, Authorized Person
(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
15 JUN 19 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA